



REQUEST FOR ELECTRONIC PAYMENT

Your Name (Company or Individual): (Must be an owner of the below bank account. If you are your company's authorized representative, the name of your company goes here instead of your name.)

Stephens & Stephens, LLC

Your **Physical** Street Address: (Must include a street address in the US, e.g., 514 First Avenue; not a post office box and not an address outside of the US. Your payment cannot be processed without a physical US street address.)

Street: 601 California Street, Suite 1710

City: San Francisco State: CA Zip: 94108

Your **Mailing** Address: (Must be the address where you receive mail; this may be a US PO box. If your mailing address is the same as your physical street address, you may write "Same" on line 1.)

Address Line 1: Same

Address Line 2:

Federal Tax ID# or SS# (Must be 9 Digits): 43-2044542

CHECKING ACCOUNT INFORMATION:

Bank Name: City National Bank

City: San Francisco State: CA Zip: 94111

ABA/Routing Number (Must be 9 Digits): 122016066

Bank Account Number: 112472118

Bank Account Holder(s): (Must be the name of the bank account owner(s) registered with the bank)

Stephens & Stephens, LLC

Your email to receive payment information: lhanson@drstephens.com

Your Phone Number: 415-274-8572

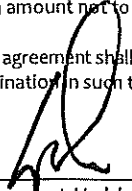
Name of Payer: (Must be the name of the business paying you)

Stephens & Company

ACH Authorization and Agreement:

I hereby authorize AvidXchange, Inc. ("AvidXchange") to initiate credit entries to the bank account (the "Account") at the financial institution (the "Bank") indicated above. I authorize the Bank to accept and to credit any credit entries initiated by AvidXchange to the Account. In the event AvidXchange deposits funds erroneously into the Account, I authorize AvidXchange to debit the Account for an amount not to exceed the original amount of the erroneous credit.

This ACH authorization and agreement shall remain in full force and effect until AvidXchange and the Bank have received written notice from me of its termination in such time and in such manner as to afford AvidXchange and the Bank a reasonable opportunity to act on it.



Signature of Bank Account Holder or its
Authorized Representative

Lane Stephens



Date

President

Printed Name of Bank Account Holder or its
Authorized Representative

Title of Authorized Representative

**BEFORE YOU SUBMIT THIS ACH AUTHORIZATION, PLEASE CONFIRM THAT YOU HAVE
PROVIDED A PHYSICAL STREET ADDRESS IN THE UNITED STATES WHERE REQUESTED
ABOVE.**